

CITY OF WENATCHEE PARKS AND RECREATION DEPARTMENT

1350 McKittrick Street PO Box 519 Wenatchee, Washington 98801

RECREATION PROGRAM REGISTRATION FORM

(Please complete all that apply)

Program Name:		
Day (s): S M T W T F S Time:	Fee:	Scholarship Fund Contribution:
Participant Name:		
Male ☐ Female ☐ Age: Shirt Size:	Swir	n level:
Parent Name (if participant under 18):		
Street:	City:	Zip:
Email:	Contact Phon	e (s):
HOLD HARMLESS: I, the undersigned, Parent/Guardian, assume all risks and hazards incidental to participating in the activity and do hereby waive, release, absolve, indemnify and agree to hold harmless the City of Wenatchee, their supervisors, participants and instructors for any claim arising out of any injury to myself/child. (Parent or Guardian signature required for all participants less than 18 years of age). I the undersigned, Parent/Guardian of the participant, am fully aware of the potential dangers and risks inherent in this activity, including physical injury, death or other consequences that may arise or result directly or indirectly from participation in this activity. Signature: Date: (Parent/Guardian if under 18)		
(Parent/Guardian if under 18)		
 Use registration for provided, completing one form for each participant. Complete all spaces as appropriate. Be sure to sign form and attach payment. Make checks payable to the City of Wenatchee unless otherwise indicated. Mail or drop-off registration with payment to Wenatchee Parks and Recreation at the address at the top of the form. REFUND POLICIES To receive refunds for recreational programs, the following criteria apply:		
 Seven business days or more to program start. To be eligible for a full refund, a written request must be submitted a minimum of seven (7) business days prior to the scheduled start of the program, or event. Six business days or fewer to program start. To be eligible for a refund, a written request must be submitted. Refunds will be issued for 50% of registration fee and will be given only for extended illness or injury. Proof of extended illness or injury is required. After program start. To be eligible for a pro-rated refund, a written request must be submitted. Refunds are available only to those who have missed more than fifty percent (50%) of the scheduled programs due to an extended illness or injury. Proof of extended illness or injury is required. Refunds will be applied for the portion of the program remaining after receipt of the written request. All refunds are subject to a \$5.00 administrative fee except those programs cancelled by the Parks and Recreation Department. 		
 GENERAL INFORMATION Participants must furnish their own materials unless otherwise indicated. Pre-registration is required. Payment is due at the time of registration. Classes are filled on a first received, first registered basis. Registrants will not be contacted unless the class is cancelled. Plan to attend the first meeting. The City of Wenatchee reserves the right to cancel any class due to insufficient enrollment. The City of Wenatchee provides reasonable accommodations for individuals with disabilities and adheres to the Gender Equity Policy. OFFICE USE ONLY		

Date Received: _____ Staff: _____ Receipt Number: _____ Amount Paid: _____ How Paid: ____